

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 700809	RECEIPT DATE:	11 / 20 / 00
IA NUMBER:	PCT/ GB00 / 03706	IA FILING DATE:	✓ 09 / 27 / 00
FAMILY NAME:		DELAY WAIVED (Y/N):	Y
GIVEN NAME:		DEMAND RECEIVED (Y/N):	✓ N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	✓ 99 / 30 / 99
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	540-248	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 7038164000
			FAX
NAME:	NIXON & VANDERHYE ✓		
STREET:	8TH FLOOR ✓		
	1100 NORTH GLEBE ROAD ✓		
CITY:	ARLINGTON		
STATE/COUNTRY:	VA	ZIP:	22201 ✓
EMAIL:			
APPLICATION TITLES:			
	IMAGING SYSTEM		

TAB TO LAST POSITION,PUSH SEND